

# NOTICE OF SOLICITATION

SERIAL 00138-RFP

# REQUEST FOR PROPOSALS: MOBILE ULTRASOUND & RADIOLOGY READING SERVICES – CORRECTIONAL HEALTH

Notice is hereby given that sealed proposals will be received by the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, until 2:00 P.M./M.S.T on **AUGUST 14, 2000** for the furnishing of the following for Maricopa County, and the proposals will be opened by the Materials Management Director or their designated representative at an open, public meeting at the above time and place.

All proposals must be signed, sealed and addressed to the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, and marked, "SERIAL 00138-RFP REQUEST FOR PROPOSALS FOR MOBILE ULTRASOUND & RADIOLOGY READING SERVICES - CORRECTIONAL HEALTH."

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protests concerning this request for proposals must be filed with the Procurement Officer in accordance with Section MC1-905 of the Code.

# PROPOSAL ENVELOPES WITH INSUFFICIENT POSTAGE WILL NOT BE ACCEPTED BY THE MARICOPA COUNTY MATERIALS MANAGEMENT CENTER

# **INQUIRIES**:

DIEDRA L. BRYANT, C.P.M. PROCUREMENT OFFICER TELEPHONE: (602) 506-3504

**NOTE:** MARICOPA COUNTY PUBLISHES ITS SOLICITATIONS ONLINE AND ARE AVAILABLE FOR VIEWING AND/OR DOWNLOAD AT THE FOLLOWING INTERNET ADDRESS:

# http://www.maricopa.gov/materials/advbd/bidinfo.asp

IF THIS DOCUMENT WAS DOWNLOADED FROM THE INTERNET, PLEASE CALL 602-506-3967 TO INCLUDE YOUR COMPANY'S NAME IN THE RFP'S MAILING LIST. THIS WILL ENSURE INCLUSION IN FUTURE MAILINGS, IF ANY, ON THIS RFP.

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NOTICE

# **NO RESPONSE**

Vendors not responding to this proposal are asked to complete this document and return it to Maricopa County Materials Management Department, 320 West Lincoln Street, Phoenix, Arizona 85003-2494.

# MARK OUTSIDE ENVELOPE "SERIAL 00138-RFP"

Responses must be received **BY 2:00 P.M., AUGUST 14, 2000.** Vendors failing to submit a proposal, or this document may be subject to removal from the Maricopa County Materials Management Vendor List.

|                 | CORRECTIONAL HEALTH        |
|-----------------|----------------------------|
| =====           |                            |
| PROPOSER NAME:  |                            |
| ADDRESS:        |                            |
| PHONE:          | CONTACT:                   |
| REASON FOR NO P | ROPOSAL:                   |
| Ins             | ufficient Time             |
| Do              | not handle product/service |
| Oth             | er:                        |
|                 |                            |

# **IMPORTANT**

# PLEASE READ BEFORE SUBMITTING YOUR PROPOSAL

#### D/M/WBE CONTRACT PARTICIPATION

For this contract a combined D/M/WBE goal of 0% involvement is established for Disadvantaged, Minority and Women-owned Business Enterprises (D/M/WBE). This goal may be attained singularly or by any combination thereof to create the overall designated percentage involvement goal. Instructions and required forms are included in the Disadvantaged, Minority and Women-owned Business Enterprise Program Contracting Requirements section. The Maricopa County Disadvantaged, Minority and Women-owned Business Enterprise Program, effective January 1, 1992, is incorporated by reference.

The <u>Materials Management Department</u> of Maricopa County will endeavor to ensure in every possible way that Disadvantaged, Minority and Women-owned Business firms shall have every opportunity to participate in providing professional services, purchased goods, and contractual services to the <u>Materials Management Department</u> of Maricopa County without being discriminated against on the grounds of race, religion, sex, age or national origin. The Maricopa County Minority Business Program, effective January 1, 1992, incorporated by reference.

Attachments E, F and G provide detail information and forms to be submitted as part of your PROPOSAL. If no goal has been set the Attachments will be withheld.

#### MOBILE ULTRASOUND & RADIOLOGY READING SERVICES – CORRECTIONAL HEALTH

# 1.0 **INTENT:**

It is the intent of Maricopa County to procure the services to perform mobile ultrasound examinations and radiographic readings on Correctional Health Services (CHS) patients and to provide prompt interpretation to the referring physician. These services will be provided at Maricopa County Correctional Health facilities and other approved sites. It is expected that all services will be awarded to one vendor.

# 2.0 **SCOPE OF WORK:**

#### 2.1 ULTRASOUNDS

# 2.1.1 **Objective:**

To perform high quality mobile ultrasound examinations on CHS patients, to include but not limited to, gall bladder, abdominal, pelvic, male breast, obstetric, gynecological, renal and scrotal ultrasounds. Note: This service must be owned and operated by the vendor and can not be sub-contracted.

# 2.1.2 **Tasks:**

- 2.1.2.1 Provide mobile ultrasound services at scheduled CHS clinics in CHS facilities and other approved sites. Current schedule includes ½ day per week.
- 2.1.2.2 Contractor will provide ultrasound equipment, technician, film, and supplies.
- 2.1.2.3 Assure that there is an authorization number assigned to the request for mobile ultrasound and radiographic services. Claims cannot be paid without the authorization number.
- 2.1.2.4 Accept approved referrals from CHS providers.
- 2.1.2.5 Perform the ultrasound examinations, utilizing only qualified, certified technologist and radiologist, as appropriate.
- 2.1.2.6 Call the referring provider if it is requested. Also, call the referring provider, if in the opinion of the radiologist, there is or may be need for the referring provider to initiate action prior to receiving the written report.
- 2.1.2.7 Interpret and provide written report, utilizing CHS approved forms, of the ultrasound examinations within two (2) working days of exam.
- 2.1.2.8 Maintain original ultrasound examinations at site of business of Contractor.
- 2.1.2.9 Provide and deliver original ultrasound exams to accompany patient to specialty clinics upon request.

#### 2.2 RADIOLOGY

#### 2.2.1 **Objective:**

Contractor will pick up film, interpret and develop a written report, and return results to approved CHS sites. These radiological exams are performed on site by CHS employed staff. Current practice requires pick-up and delivery once a day minimum at one site.

#### 2.2.2 **Tasks:**

- 2.2.2.1 Pick up, interpret and submit written report to the referring provider within two (2) working days of the exam.
- 2.2.2.2 Call the referring provider if it is requested. Also, call the referring provider, if in the opinion of the radiologist, there is or may be need for the referring provider to initiate action prior to receiving the written report.
- 2.2.2.3 Provide consultation to CHS providers and x-ray technician on an as-needed basis.

#### 2.3 LICENSURE/STANDARDS/REOUIREMENTS

- 2.3.1 All applicable provisions of law and other rules and regulations of any and all governmental and regulatory authorities relating to the licensure, certification and regulation of ultrasound and radiological facilities, physicians, technologists and other employees/subcontractors shall be complied with in full by the contractor.
- 2.3.2 The quality of the ultrasound and radiographic procedures must be within the acceptable medical standards of the community.
- 2.3.3 These services will be provided at Correctional Health Services facilities and other approved sites.
- 2.3.4 The Contractor shall provide safeguards, safety devices, protective equipment, and shall take any other needed actions, as determined by either the Contractor or the County, reasonable to protect the life and health of employees on the job and safety of the member.
- 2.3.5 The Contractor must be licensed to do business in the State of Arizona.
- 2.3.6 The Contractor and its employees shall possess current valid professional licenses and/or certifications for all services that they will provide. This is to include licensure by the Arizona Regulatory Commission.
- 2.3.7 Prior to approval to work in County detention facilities, all medical providers will be subject to a background check including but not limited to fingerprinting and a check for outstanding warrants or convictions, and clearance by the Sheriff's Office prior to working in the detention facilities. The Contractor will submit a copy of the current quality assessment and improvement plan including Quality and Utilization Management functions.
- 2.3.8 The Contractor agrees to work collaboratively with CHS in the collecting and reporting of data and in the development of indicators to be measured.

# 2.4 LOCATIONS OF CHS FACILITIES:

# CORRECTIONAL HEALTH SERVICES

# **FACILITY LOCATIONS**

| SIT | TE NAME          | ADDRESS                      |
|-----|------------------|------------------------------|
| 1S' | Γ AVE. O/P       | 120 S. FIRST AVE. PHX 85003  |
| DU  | JRANGO JUVENILE  | 3125 W. DURANGO PHX 85009    |
| DU  | JRANGO O/P       | 3225 W. DURANGO PHX 85009    |
| DU  | JRANGO O/P       | 3225 W. DURANGO PHX 85009    |
| DU  | JRANGO PSYCH     | 3225 W. DURANGO PHX 85009    |
| ES' | TRELLA JAIL      | 2939 W. DURANGO PHX 85009    |
| ES  | TRELLA TENTS     | 2939 W. DURANGO PHX 85009    |
| MA  | ADISON INFIRMARY | 225 W. MADISON PHX 85003 4FL |
| MA  | ADISON INTAKE    | 225 W. MADISON PHX 85003 4FL |
| MA  | ADISON O/P       | 225 W. MADISON PHX 85003 4FL |
| MA  | ADISON O/P       | 225 W. MADISON PHX 85003 4FL |
| MA  | ADISON PSYCH     | 225 W. MADISON PHX 85003 4FL |
| S.E | E. MESA JUVENILE | 1810 S. LEWIS MESA 85210     |
| TO  | OWERS O/P        | 3127 W. DURANGO PHX 85009    |
|     |                  |                              |

# 2.5 DOCUMENTATION:

The following documentation must be submitted with your proposal or it will be deemed non-responsive:

- 2.5.1 Radiologist (s) current Arizona license
- 2.5.2 Board Certifications/Medical Degree Diploma Certifications
- 2.5.3 CV of Radiologist(s) providing service
- 2.5.4 Resume of Technician(s) providing service
- 2.5.5 Malpractice Insurance
- 2.5.6 History of malpractice and/or loss of privileges
- 2.5.7 Two professional references
- 2.5.8 Ultrasound Technician License

# 3.0 **SPECIAL TERMS & CONDITIONS:**

# 3.1 CONTRACT LENGTH:

This Request for Proposals is for awarding a firm fixed price contract to cover a one (1) year period.

#### 3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this agreement up to a maximum of four (4) one (1) year options. The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

#### 3.3 INDEMNIFICATION AND INSURANCE:

# 3.3.1 INDEMNIFICATION FOR PROFESSIONAL LIABILITY

To the fullest extent permitted by law, the **CONSULTANT** shall indemnify, and hold harmless the **COUNTY**, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including but not limited to attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the **CONSULTANT'S** negligent acts, errors, omissions or mistakes relating to professional services in the performance of this Contract. **CONSULTANT'S** duty to indemnify and hold harmless the **COUNTY**, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting therefrom, caused by any negligent acts, errors, omissions or mistakes, related to professional services in the performance of this Contract including any person for whose negligent acts, errors, omissions or mistakes, the **CONSULTANT** may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

#### For all other hazards, liabilities, and exposures:

To the fullest extent permitted by law, the **CONSULTANT** shall defend, indemnify and hold harmless the **COUNTY**, its agents, representatives, officers, directors, officials and employees from and against all claims, damages, losses and expenses (including but not limited to attorney fees, court costs, expert witness fees, and the cost of appellate proceedings), relating to, arising out of or resulting from the **CONSULTANT'S** work or services. **CONSULTANT'S** duty to defend, indemnify and hold harmless the **COUNTY**, its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, injury to, impairment or destruction of property including loss of use resulting therefrom, caused in whole or in part by any act or omission of the **CONSULTANT**, anyone **CONSULTANT** directly or indirectly employs or anyone for whose acts **CONSULTANT** may be liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

#### **Abrogation of Arizona Revised Statutes Section 34-226:**

In the event that A.R.S. § 34-226 shall be repealed or held unconstitutional or otherwise invalid by a court of competent jurisdiction, then this duty of indemnification shall extend to all claims, damages, losses and expenses, including but not limited to attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted therefrom, caused in whole or in part by any negligent acts, errors, or omissions relating to professional work or services in the performance of this Contract by the **CONSULTANT**, or anyone directly employed by the **CONSULTANT** or anyone for whose acts **CONSULTANT** may be liable regardless of whether it is caused by any party indemnified hereunder, including the **COUNTY**.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of the **COUNTY**.

#### 3.3.2 INSURANCE REQUIREMENTS:

**CONSULTANT**, at **CONSULTANT'S** own expense, shall purchase and maintain the herein stipulated minimum insurance with companies duly licensed, possessing a current A.M. Best, Inc. Rating of B++6, or approved unlicensed companies in the State of Arizona with policies and forms satisfactory to the **COUNTY**.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of the **COUNTY**, constitute a material breach of this Contract.

The **CONSULTANT'S** insurance shall be primary insurance as respects the **COUNTY**, and any insurance or self-insurance maintained by the **COUNTY** shall not contribute to it.

The policies required hereunder, except Workers' Compensation and Professional Liability, shall contain a waiver of transfer of rights of recovery (subrogation) against the **COUNTY**, its agents, representatives, officers, directors, officials and employees for any claims arising out of the **CONSULTANT'S** work or service.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect coverage afforded under the insurance policies to protect the **COUNTY**.

The insurance policies may provide coverage which contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to the **COUNTY** under such policies. The **CONSULTANT** shall be solely responsible for the deductible and/or self-insured retention and the **COUNTY**, at its option, may require the **CONSULTANT** to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

The COUNTY reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. The COUNTY shall not be obligated, however, to review such policies and/or endorsements or to advise CONSULTANT of any deficiencies in such policies and endorsements, and such receipt shall not relieve CONSULTANT from, or be deemed a waiver of, the COUNTY'S right to insist on strict fulfillment of CONSULTANT'S obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation and Professional Liability, shall name the **COUNTY**, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

3.3.3 <u>Commercial General Liability</u>. **CONSULTANT** shall maintain Commercial General Liability insurance with a limit of not less than \$1,000,000 for each occurrence with a \$2,000,000 Products/Completed Operations Aggregate and a \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage including, but not limited to, the liability assumed under the indemnification provisions of this Contract which coverage will be at least as broad as Insurance Service Office, Inc. Policy Form CG 00 01 10 93 or any replacements thereof. <u>The</u> coverage shall include X, C, U.

operations and products and completed operations.

- 3.3.4 <u>Automobile Liability</u>. **CONSULTANT** shall maintain Automobile Liability insurance with an individual single limit for bodily injury and property damage of no less than \$1,000,000, each occurrence, with respect to **CONSULTANT'S** vehicles (whether owned, hired, non-owned), assigned to or used in the performance of this Contract.
- 3.3.5 Workers' Compensation. The **CONSULTANT** shall carry Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of **CONSULTANT'S** employees engaged in the performance of the work or services, as well as Employer's Liability insurance of not less than \$1,000,000 for each accident, \$1,000,000 disease for each employee, and \$1,000,000 disease policy limit.

In case any work is subcontracted, the **CONSULTANT** will require the Subconsultant to provide Workers' Compensation and Employer's Liability insurance to at least the same extent as required of the **CONSULTANT**.

3.3.6 <u>Professional Liability</u>. The **CONSULTANT** retained by the **COUNTY** to provide the work or service required by this Contract shall maintain Professional Liability insurance covering negligent acts, errors, or omissions arising out of the work or services performed by the **CONSULTANT**, or any person employed by the **CONSULTANT**, with a limit of not less then \$1,000,000 each claim.

#### 3.4 CERTIFICATES OF INSURANCE:

Prior to commencing work or services under this Contract, **CONSULTANT** shall furnish the **COUNTY** with Certificates of Insurance, or formal endorsements as required by the Contract, issued by **CONSULTANT'S** insurer(s), as evidence that policies providing the required coverages, conditions and limits required by this Contract are in full force and effect. Such certificates shall identify this contract number and title.

In the event any insurance policy (ies) required by this contract is(are) written on a "claims made" basis, coverage shall extend for two years past completion and acceptance of the **CONSULTANT'S** work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to the **COUNTY** fifteen (15) days prior to the expiration date.

# 3.5 CANCELLATION AND EXPIRATION NOTICE

Insurance required herein shall not expire, be canceled, or materially changed without thirty (30) days prior written notice to the **COUNTY.** 

# 4.0 <u>CONTRACT TERMS & CONDITIONS</u>:

# 4.1 LANGUAGE FOR REQUIREMENTS CONTRACTS:

Contractors signify their understanding and agreement by signing this document, that the Contract resulting from this proposal will be a requirements contract. However, this Contract does not guarantee that any purchases will be made. It only indicates that if purchases are made for the services contained in this Contract, that they will be purchased from the Contractor awarded that item. Orders will only be placed when a need is identified by a Using Agency or Department and proper authorization and documentation have been approved.

#### 4.2 ESCALATION:

Any requests for price adjustments must be submitted thirty (30) days prior to the Contract renewal date. Justification for the requested adjustment in cost of labor and/or materials must be accompanied by appropriate documentation. Escalation shall not exceed the increase in the U.S. Department of Labor (Bureau of Labor Statistics) Consumer Price Index for Urban Consumers. Increases shall be approved in writing by the Materials Management Department prior to any adjusted invoicing submitted for payment.

# 4.3 UNCONDITIONAL TERMINATION FOR CONVENIENCE:

Maricopa County may terminate the resultant Contract for convenience by providing sixty (60) calendar days advance notice to the Contractor.

#### 4.4 DEFAULT:

The County may suspend, terminate, or modify this contract immediately upon written notice to the Contractor in the event of a nonperformance of stated objectives or other material breach of contractual obligations; or upon the happening of any event which would jeopardize the ability of the Contractor to perform any of its contractual obligations. Maricopa County reserves the right to have service provided by other than the Contractor if the Contractor is unable or fails to provide requested service within the specified time frame.

#### 4.5 TERMINATION BY THE COUNTY:

If the Contractor should be adjudged bankrupt or should make a general assignment for the benefit of its creditors, or if a receiver should be appointed on account of its insolvency, the County may terminate this Agreement. If the Contract should persistently or repeatedly refuse or should fail, except in cases for which extension of time is provided, to provide enough properly skilled workers or proper materials, or persistently disregard laws and ordinances, or not proceed with work or otherwise be guilty of, a substantial violation of any provision of this Agreement, then the County may terminate this Agreement. Prior to termination of this Agreement, the County shall give the Contractor fifteen (15) calendar days written notice. Upon receipt of such termination notice, the Contractor shall be allowed fifteen (15) calendar days to cure such deficiencies.

#### 4.6 APPROPRIATION CONTINGENCY:

The Contractor recognized that any agreement entered into shall commence upon the day first provided and continued in full force and effect until termination in accordance with its provisions. The Contractor and the County herein recognized that the continuation of any contract after the close of any given fiscal year of the County which fiscal years end on June 30 of each year, shall be subject to the approval of the budget of the County providing for or covering such contract item as an expenditure therein. The County does not represent that said budget item will be actually adopted, said determination being the determination of the County Board of Supervisors at the time of the adoption of the budget.

# 4.7 ORGANIZATION - EMPLOYMENT DISCLAIMER:

The Contract is not intended to constitute, create, give rise to or otherwise recognize a joint venture agreement or relationship, partnership or formal business organization of any kind, and the rights and obligations of the parties shall be only those expressly set forth in the Contract.

The parties agree that no persons supplied by the Contractor(s) in the performance of obligations under the agreement are considered to be County employees, and that no rights of County civil service, retirement or personnel rules accrue to such persons. The Contractor(s) shall have total responsibility for all salaries, wages, bonuses, retirement withholdings, workmen's compensation, other employee benefits and all taxes and premiums appurtenant thereto concerning such persons, and shall save and hold the County harmless with respect thereto.

#### 4.8 STATUTORY RIGHT OF CANCELLATION FOR CONFLICT OF INTEREST:

Notice is given that pursuant to A.R.S. § 38-511 the County may cancel this Contract without penalty or further obligation within three years after execution of the contract, if any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County is at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to the Contract in any capacity or consultant to any other party of the Contract with respect to the subject matter of the Contract. Additionally, pursuant to A.R.S. § 38-511 the County may recoup any fee or commission paid or due to any person significantly involved in initiating, negotiating, securing, drafting or creating the contract on behalf of the County from any other party to the contract arising as the result of the contract.

#### 4.9 OFFSET FOR DAMAGES:

In addition to all other remedies at Law or Equity, the County may offset from any money due to the Contractor any amounts Contractor owes to the County for damages resulting from breach or deficiencies in performance under this Contract.

#### 4.10 ADDITIONS/DELETIONS OF SERVICE:

The County reserves the right to add and/or delete services to this Contract. Should a service requirement be deleted, payment to the Contractor will be reduced proportionally, to the amount of service reduced in accordance with the PROPOSAL price. Should additional services be required from this Contract, prices for such additions will be negotiated between the Contractor and the County.

#### 4.11 ASSIGNMENT OR SUBCONTRACTING:

Neither this Agreement, nor any portion thereof, may be assigned by Contractor without the written consent of the County first having been obtained. Any attempt by the Contractor to assign or subcontract any performance of this Contract without the written consent of the County shall be null and void and shall constitute a breach of this Contract.

The Subcontractor's rate for the job shall not exceed that of the Prime Contractor's rate, as proposed in the pricing section, unless the Prime Contractor is willing to absorb any higher rates. The Subcontractor's invoice shall be invoiced directly to the Prime Contractor, who in turn shall pass-through the costs to the County, without mark-up. A copy of the Subcontractor's invoice must accompany the Prime Contractor's invoice.

# 4.12 AMENDMENTS:

All amendments to this Contract must be in writing and signed by both parties.

#### 4.13 CONFORMATION WITH THE LAW:

This service shall be accomplished in conformity with the laws, ordinances, rules, regulations and zoning restrictions of the United States of America, the State of Arizona, County of Maricopa, and the City of Phoenix.

#### 4.14 CONTRACT COMPLIANCE MONITORING:

The Materials Management Department and <u>Using agency(s)</u> shall monitor the Contractors compliance with, and performance under, the terms and conditions of the Contract. The Contractor shall make available for inspection and/or copying by the County all records and accounts relating to the work performed or the services provided in this Contract.

#### 4.15 RETENTION OF RECORDS:

The Contractor agrees to retain all financial books, records, and other documents relevant to this Contract for five (5) years after final payment or until after the resolution of any audit questions which could be more than five (5) years, whichever is longer. The Department, Federal or State auditors and any other persons duly authorized by the Department shall have full access to, and the right to examine, copy and make use of any and all said materials.

# 4.16 ADEQUACY OF RECORDS:

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that allowable services were provided to eligible clients the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

# 4.17 AUDIT DISALLOWANCES:

If at any time it is determined by the Department that a cost for which payment has been made is a disallowed cost, the Department shall notify the Contractor in writing of the disallowance and the required course of action, which shall be at the option of the Department either to adjust any future claim submitted by the Contractor by the amount of the disallowance or to require repayment of the disallowed amount by the Contractor forthwith issuing a check payable to Maricopa County.

#### 4.18 P.O. CANCELLATION LANGUAGE:

The Department of Materials Management reserves the right to cancel Purchase Orders within a reasonable period of time after issuance. Should a Purchase Order be canceled, the County agrees to reimburse the Contractor but only for actual and documentable costs incurred by the Contractor due to and after issuance of the Purchase Order. The County will not reimburse the Contractor for any costs incurred after receipt of County notice of cancellation, or for lost profits, shipment of product prior to issuance of Purchase Order, etc. Contractors agree to accept verbal notification of cancellation from the Department of Materials Management with written notification to follow. By submitting a proposal in response to this solicitation, the Contractor specifically acknowledges to be bound by this cancellation policy.

#### 4.19 RIGHTS IN DATA:

The County shall have the use of data and reports resulting from this Contract without additional cost or other restriction except as may be established by law or applicable regulation. Each party shall supply to the other party, upon request, any available information that is relevant to this Contract and to the performance hereunder.

#### 4.20 SECURITY AND PRIVACY:

The Contractor agrees that none of its officers or employees shall use or reveal any research or statistical information furnished by any person and identifiable to any specific private person for any purpose other than the purpose for which it was obtained. Copies of such information shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial or administrative proceedings, unless ordered by a court of competent jurisdiction. The County shall be notified immediately upon receipt of any such order of court, pertaining to production of such information.

The Contractor shall incorporate the foregoing provisions of this paragraph in all of its authorized Subcontracts.

# 4.21 SEVERABILITY:

Any provision of this Contract which is determined to be invalid, void, or illegal shall in no way affect, impair, or invalidate any other provision hereof, and remaining provisions shall remain in full force and effect.

#### 4.22 VALIDITY:

The invalidity, in whole or in part, of any provision of this Agreement shall not void or affect the validity of any other provision of this Contract.

#### 4.23 CONTRACTOR RESPONSIBILITY:

The Contractor will be responsible for any damages whatsoever to County property as applicable when such property is the responsibility or in the custody of the Contractor, his Employees or Subcontractors.

Contractor agrees that all Subcontractors performing work under this Contract shall comply with its provisions and it is expressly understood that all persons employed by the Contractor, either directly or indirectly, shall be considered employees of the Contractor, and not employees of Maricopa County.

Contractor acknowledges and agrees that it is liable and responsible for any act or omission by the Contractor, its employees, agents, officers, representatives, and subcontractors occurring in the course of Contractor's performance of this Contract, whether such act or omission occurs on County property or elsewhere. Contractor shall be liable for any loss or damage arising out of or related to Contractor's performance of this contract, Contractor shall bear the above stated liability, even in absence of its own negligence, unless County actions caused the loss or damage (i.e., if regulation, but damage occurs, Contractor is responsible for such damages.) Contractor shall bear the above stated liability, consequential, incidental, direct, and indirect damages, and shall be liable for all costs, including attorney's fees, incurred by the County to enforce this provision.

#### 4.24 FAILURE TO PROVIDE SERVICES:

Maricopa County reserves the right to have service provided by other than the Contractor if the Contractor is unable or fails to provide requested service within the specified time frame.

# 4.25 DELIVERY:

It shall be the Contractor's responsibility to meet the County's delivery requirements, as called for in the Technical Specifications. Maricopa County reserves the right to obtain material on the open market in the event the Contractor fails to make delivery and any price differential will be charged against the Contractor.

# 4.26 PRICE REDUCTIONS:

By submitting a proposal in response to this solicitation, Contractors agree to guarantee that Maricopa County is receiving the lowest price offered by your company to other customers for similar services at comparable volumes in a similar geographic area. If at any time during the contract period your company offers a lower price to another customer, SIMILAR PRICES MUST BE EXTENDED TO MARICOPA COUNTY If a notification IS not made of said price reductions, upon discovery Maricopa County shall reserve the right to take any or all of the following actions:

- 4.26.1 Cancel the Contract, if it is currently in effect.
- 4.26.2 Determine the amount which the County was overcharged and submit a request for payment from the Contractor for that amount.
- 4.26.3 Take the necessary steps to collect any performance surety provided on the applicable contract.

#### 4.27 CHANGES:

The County may require changes in the scope of the services to be performed by the Contractor hereunder. All such changes, which are mutually agreed upon by and between all the parties, shall be incorporated in written

amendments to this Contract. All such amendments shall state any increase or decrease in the amount of the compensation due to the Contractor for the change in scope.

# 4.28 EMPLOYEE RESPONSIBILITY:

No responsibility will attach to a county employee for the premature opening of a proposal not properly addressed and identified in accordance with the proposal documents.

# 5.0 **ADMINISTRATIVE INFORMATION:**

#### 5.1 INCORPORATION OF PROPOSAL INTO THE CONTRACT:

The contents of this proposal and the selected firm's response Best and Final offer and any negotiated changes are to be incorporated, in total, into the Contract.

#### 5.2 SCHEDULE OF EVENTS:

Request for Proposals Issued: July 28, 2000

Advertising Week 1 & 2: July 28, 2000 & August 4, 2000

Deadline for submission of proposals, 2:00 P.M., MST on **AUGUST 14, 2000.** All proposals must be received before 2:00 P.M. on above date at Maricopa County Materials Management Department, 320 West Lincoln, Phoenix, Arizona 85003.

Proposed review of proposals: August, 2000

Proposed Proposer presentations: August, 2000

Proposed selection and negotiation: August, 2000

Proposed Best & Final (if required): August, 2000

Proposed award of proposal: August, 2000

All responses to this proposal become the property of Maricopa County and (other than pricing) will be held confidential, to the extent permissible by law. The County will not be held accountable if material from proposal responses is obtained without the written consent of the proposer by parties other than the County.

# 5.3 INQUIRIES:

All inquiries concerning information contained herein shall be addressed to:

MARICOPA COUNTY
DEPARTMENT OF MATERIALS MANAGEMENT
ATTN: CONTRACT ADMINISTRATION
320 WEST LINCOLN
PHOENIX AZ 85003

Administrative telephone inquiries shall be addressed to:

DIEDRA BRYANT, PROCUREMENT OFFICER – 602-506-3504; FAX 602-258-1573 EMAIL: dbryant@mail.maricopa.gov

NOTE: All inquiries should be submitted <u>in writing</u> via fax or email. No oral communication is binding on Maricopa County.

#### 5.4 PROCUREMENT AUTHORITY:

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protest concerning this request for proposals must be filed with the Procurement Officer in accordance with Section MCI-905 of the Code.

#### 5.5 CONFORMANCE TO THE MARICOPA COUNTY PROCUREMENT CODE:

If any Proposer believes that any aspect of this solicitation is inequitable or impracticable of performance, they will proceed in accordance with the Maricopa County Procurement Code, Section MC1-905, to secure an administrative determination on this point.

#### 5.6 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION:

By signing and submitting this proposal, the applicant, defined as the primary participant in accordance with 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

The applicant agrees that by submitting this proposal, it will include without modification the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions," i.e., with subgrantees or contractors; in all lower tier covered transactions and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

#### 5.7 REJECTION OF PROPOSALS:

Maricopa County reserves the right to reject any, and all, proposals received in response to this RFP as determined to be in the best interests of the County.

# 5.8 PROPOSER WITHDRAWAL:

If, at any time prior to the opening of this proposal a Proposer decides to withdraw its proposal, that Proposer shall give written notice to the Materials Management Director, 320 West Lincoln, Phoenix, Arizona 85003.

# 5.9 CHANGE ORDERS:

Maricopa County may institute changes or modifications to the Scope of Work and will notify all participants by an addendum to this Request for Proposal.

#### 5.10 CONTRACTOR LICENSE REQUIREMENT:

The Contractor shall procure all permits and licenses, and pay all charges and fees necessary and incidental to the lawful conduct of his business. He shall keep himself fully informed of existing and future Federal, State, and Local laws, ordinances and regulations which in any manner affect the fulfillment of this contract and shall comply with the same.

#### 5.11 INCURRING COSTS:

Maricopa County is not responsible for any costs incurred in preparing this proposal, including the acquisition of supplies and/or personnel until a Contract is awarded by the Maricopa County Board of Supervisors.

#### 5.12 PUBLIC RECORD:

All information submitted relating to this Bid, except for proprietary information, shall become part of the public record, in accordance with the Maricopa County Procurement Code, Section MC1-405.

#### 5.13 PROPRIETARY INFORMATION:

Proprietary information submitted by a Proposer for this proposal shall remain confidential as permitted by law or regulation.

#### 5.14 D/M/WBE PARTICIPATION:

Proposers submitting a PROPOSAL are encouraged to solicit D/M/WBE participation on this Contract. A list of certified D/M/WBE enterprises may be obtained by contacting Maricopa County Materials Management Department (Walt Weglarz, Lead Procurement Specialist at (602) 506-3312). Please indicate in your PROPOSAL response D/M/WBE areas of involvement for monitoring purposes.

# 5.15 REFERENCES:

Proposers must provide at least two (2) professional references, using Attachment C.

# 5.16 CONTRACT REPRESENTATIVES:

Any changes in the method or nature of work to be performed under this Contract must be processed by the County through the Contractor's Contracts Manager. Upon the execution of this Contract, the County will name its representative who will be legally authorized to obligate the County under this Contract.

# 5.17 FACILITIES:

During the course of this Contract, the County shall provide the Contractor's personnel with adequate work space for consultants and such other related facilities as may be required by Contractor to carry out its obligation enumerated herein.

#### 5.18 CONTRACT ADMINISTRATION:

To help insure contract compliance, a contract administration process will be an integral part of this Contract. County employees will be assigned as contract monitors for key locations throughout the County. Materials Management, Facilities Management and the user organizations will utilize the procedure. The successful Proposer will be made aware of the findings from the process and participate in the post award meeting. This contract administration process is an audit and feedback system and will be in addition to any of the other policies and procedures contained herein. The Contract Administration Process is a total quality management tool that empowers the hands-on users to monitor and assure contract compliance. The Proposers should know in the proposal process that the successful Proposer will be closely monitored for contract compliance. No additional cost is anticipated to be incurred by the successful Proposer by the presence of the contract administration process as long as contract compliance is maintained. Except for the more formalized feedback of findings, the normal Proposer/user relationship will exist when within compliance and the contract administration process should be transparent.

#### 5.19 NON-DISCRIMINATION:

The Contractor in the performance of this Contract will not discriminate against any employee for employment based on race, religion, sex, national origin or disability.

# 5.20 COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986 (IRCA) REQUIRED:

Contractor understands and acknowledges the applicability of the IRCA. Contractor agrees to comply with the IRCA in performing under this Agreement and to permit County inspection of personnel records to verify such compliance.

#### 5.21 COVENANT AGAINST CONTINGENT FEES:

The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Agreement upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona-fide employees or bona-fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach of violation of this warranty, the County shall have the right to terminate this Agreement in accordance with the termination clause, and at its sole discretion, to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

#### 5.22 NON-COLLUSION:

The Contractor expressly warrants and certifies that neither the Contractor nor its employees or associates has directly or indirectly entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competition in conjunction with this proposal.

# 5.23 FINANCIAL STATUS:

All Proposers shall make available upon request a current audited financial statement, a current audited financial report, or a copy of a current federal income tax return. Failure or refusal to provide this information within five (5) business days after communication of the request by the County shall be sufficient grounds for the County to reject a proposal, and/or to declare a Proposer non-responsive and/or non-responsible, as those terms are defined in the Maricopa County Procurement Code.

If a Proposer is currently involved in an ongoing bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a trustee or receiver has been appointed over all or a substantial portion of the property of the Proposer under federal bankruptcy law or any state insolvency law, the Proposer must provide the County with that information as part of its proposal. The County may consider that information during evaluation of the proposal. The County reserves the right to take any action available to it if it discovers a failure to provide such information to the County is a proposal, including, but not limited to, determination that the Proposer should be declared non-responsible and/or non-responsive, and suspension or debarment of the Proposer, as those terms are defined in the Maricopa County Procurement Code.

By submitting a proposal in response to this solicitation, the Proposer agrees that, if, during the term of any contract it has with the County, it becomes involved as a debtor in a bankruptcy proceeding, or becomes involved in a reorganization, dissolution or liquidation proceeding, or if a trustee or receiver is appointed over all or a substantial portion of the property of the Proposer under federal bankruptcy law or any state insolvency law, the Proposer will immediately provide the County with a written notice to that effect, and will provide the County with any relevant information it requests to determine whether the Proposer will meet its obligations to the County.

#### 5.24 PROMPT PAYMENT DISCOUNT:

Maricopa County, through its "Continuous Improvement Initiatives" has identified Proposer Payment as a process requiring attention and improvement. Maricopa County has initiated changes in this area which are intended to both improve and expedite this process. In light of these efforts, Proposers are strongly encouraged to offer Maricopa County Cash Discounts for Prompt Payment Terms. Invoices reflecting such Cash Discounts will be processed with the highest priority.

#### 5.25 REGISTRATION:

Proposers are required to be registered with Maricopa County prior to receiving an award for any County Business. Failure to comply with this requirement may cause your proposal to be declared non-responsive. Registration Forms are available from the Department of Materials Management, 320 West Lincoln Street, Phoenix, Arizona 85003 or by calling (602) 506-3244.

#### 5.26 ADDITIONAL COSTS:

Any Proposer who causes the county to incur additional costs to review and verify invoices due to Proposer submitting incorrect data. (E.G. Quotes and equipment and software, invoices etc.) will be charged for Maricopa County's costs to review and correct such erroneous billings.

# 5.27 INTERGOVERNMENTAL COOPERATIVE PURCHASING AGREEMENTS (ICPAs):

Maricopa County currently has ICPAs with numerous governmental units throughout the State of Arizona. These agreements allow these entities, with the approval of the Contract Proposers, to purchase their requirements under the terms and conditions of the County Contract. Please indicate on the pricing page of this contract your acceptance or rejection regarding such participation. Your response will not be considered as an evaluation factor in awarding this Contract.

# 5.28 INSTRUCTIONS FOR PREPARING AND SUBMITTING PROPOSALS:

Proposers are to provide one (1) original (labeled) three (3) copies of their proposal. <u>IMPORTANT: Please submit pricing page(s) and original proposal in a separate box or envelope.</u> Do not include the pricing page(s) in the three evaluator copies of the proposal. <u>Label this box or envelope as "ORIGINAL".</u>

Proposers are to address proposals identified with serial number, title and return address to Maricopa County, Department of Materials Management, Serial 00138-RFP, 320 West Lincoln, Phoenix, Arizona 85003. Proposals must be signed by a corporate official who has been authorized to make such commitments. Instructions to Proposers, Paragraph 1, is modified to read: All prices shall be held firm for a period of one hundred twenty (120) days after the RFP closing date.

# 5.29 EXCEPTIONS TO THE SOLICITATION:

The Contractor will identify and list all exceptions taken to all sections of 00138-RFP and list these exceptions referencing the section (paragraph) where the exception exists and then identify the exceptions and the proposed wording for the contractors exception. The Contractor will list these exceptions in the Best and Final Proposal under the heading "Exception to the PROPOSAL Solicitation, SERIAL00138-RFP". Exceptions that surface elsewhere and that do not also appear under the heading "Exception to the PROPOSAL Solicitation, SERIAL 00138-RFP", shall be considered invalid and void and of no contractual significance.

The County reserves the right to reject, render the proposal non-responsive, enter into negotiation on any of the contractor exceptions, or accept them outright.

#### 5.30 GENERAL CONTENT:

The Proposal submitted should be specific and complete in every detail. It should be practical and should be prepared simply and economically, providing a straight forward, concise delineation of capabilities to satisfactorily perform the Contract being sought.

The Proposer should not necessarily limit the proposal to the performance of the services in accordance with this document but should outline any additional services and their costs if the Proposer deems them necessary to accomplish the program.

#### 5.31 FORMAT AND CONTENT:

To aid in the evaluation, it is desired that all proposals follow the same general format. The proposals are to be submitted in binders and have sections tabbed as below:

- 5.31.1 Letter of Transmittal (Exhibit 1)
- 5.31.2 Table of Contents
- 5.31.3 Short introduction and summary This section shall contain an outline of the general approach utilized in the proposal.
- 5.31.4 Proposal Your proposal should contain a statement outlining radiology experience/certification, experience providing mobile ultrasound x-ray service in a Correctional Health setting, and technician experience in providing mobile ultrasound radiology services. Proposals should be all-inclusive detailing your best offer. Additional related services should be incorporated into the proposal if applicable.
- 5.31.5 Personal Qualifications Required documentation must be provided for all personnel who will provide services under this contract. See Section 2.5 for required documentation.
- 5.31.6 Other data
- 5.31.7 Pricing (Attachment A)
- 5.31.8 Proposal exceptions
- 5.31.9 Agreement (Attachment B)
- 5.31.10 References (Attachment C)
- 5.31.11 Vendor Information (Attachment D)

# 5.32 GENERAL EVALUATION:

The following guidelines will be used in analyzing and evaluating this Proposal. Although price will be a factor in Proposal evaluation, it is specifically a consideration of secondary importance to the needs identified in the Proposal. The County reserves the right to accept other than the lowest price Proposal.

Proposals will be evaluated by a committee composed of various Maricopa County departments and others. Requests for presentations or clarification of portions of the Proposals may be considered. A summary evaluation will be prepared by this committee with an objective ranking of the Proposals.

#### 5.33 AWARD OF CONTRACT:

Contracts awarded pursuant to the provisions of this section will not be solely on price, but will include and be limited to evaluation criteria listed in the Proposal. The Contract will be awarded by the Board of Supervisors to a qualified firm at compensation determined to be fair and reasonable considering budgetary limitations, scope, complexity and the nature of goods and/or services. The Proposal may be awarded in whole, by section, or geographic area as required.

# 5.34 COMPETITIVE NEGOTIATION:

At the County's option, proposing firms may be invited to make presentations to the Evaluation Committee. Negotiations may be conducted, as needed, with the highest rated Proposer.

#### 5.35 BASIC EVALUATION PROCEDURE:

- Step 1 Review of all Proposals to conformance of this RFP.
- Step 2 The elimination of all Proposals which deviate substantially from the basic intent of the Proposal.
- Step 3 An assessment of the remaining proposers. This assessment will also include a review of the Proposer personnel capability and the previous experience of each Proposer.
- Step 4 Verification of Proposer references.
- Step 5 Oral presentations to supplement the Proposal, for the purpose of clarification, may be required of selected Proposers. The time and place for oral presentations will be announced at a later date, if such a presentation is required.
- Step 6 Evaluation of costs to Maricopa County.
- Step 7 Capability of the Proposer to participate in this particular program, including eligibility based on the Proposer's financial stability and viability.
- Step 8 Tabulation and recommendation of potential Proposer.

# 5.36 EVALUATION OF PROPOSAL: SELECTION FACTORS

A Proposal Analysis Committee shall be appointed, chaired by the Materials Management Department to evaluate each Proposal and prepare a scoring of each Proposal to the responses as solicited in the original request:

- 5.36.1 Credentials/Required Documentation.
- 5.36.2 Experience in a Correctional Health setting.
- 5.36.3 Professional References.
- 5.36.4 Quality and Completeness of Proposal.
- 5.36.5 Cost of providing services.

#### 5.37 POST AWARD MEETING:

The successful Contractor(s) may be required to attend a Post-Award Meeting with the using agency for discussion of the terms and conditions of this Contract. This meeting will be coordinated by the procurement officer of this Contract.

NOTE: PROPOSERS ARE REQUIRED TO USE ATTACHED FORMS TO SUBMIT THEIR PRICING

# ATTACHMENT A

# PRICING

SERIAL 00138-RFP

BIDDER NAME:

PRICING SHEET P080102/B0604639

| F.I.D./VENDOR #:   |  |                 |
|--|--|-----------------|
| BIDDER ADDRESS:  |  |                 |
| P.O. ADDRESS:  |  |                 |
| BIDDER PHONE #:  |  |                 |
| BIDDER FAX #:  |  |                 |
| COMPANY WEB SITE:  |  |                 |
| COMPANY CONTACT (REP):   |  |                 |
| E-MAIL ADDRESS (REP):  |  |                 |
|  |  |                 |
| WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: YES  | NO   |                 |
| OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT:YES1   | NO   |                 |
| PAYMENT TERMS:% DAYS, OR   |  |                 |
| PRICING: NOTE: DO NOT INCLUDE SALES/USE TAX IN YOUR BID PRICE. The perce applicable to this contract will be listed on the purchase order and allowed at tir BY SIGNING THIS AGREEMENT THAT PRICES BID ARE F.O.B. DESTINATI TERMS AND CONDITIONS SET FORTH HEREIN. | ne of payment. BIDDERS CERTIFY               |                 |
| SUBMIT FEE SCHEDULE BY DESCRIPTION AND CODE FOR APPROPRIAT   |  | LIMIT DRIGE     |
| DESCRIPTION  | CODE   | UNIT PRICE      |
| Mobile Ultrasound: Include all costs including transportation, equipment, techn  | ician, supplies, interpretation, and report. |                 |
| ADOMINAL   |  | \$              |
| BREAST   |  | \$              |
| OBSTETRIC  |  | \$              |
| PELVIC   |  | <u>\$</u>       |
| RENAL SPIECE (VIDNEY   |  | <u>\$</u>       |
| SPLEEN / KIDNEY TESTICULAR   |  | <u>\$</u><br>\$ |
| THYROID  |  | <u>\$</u>       |
|  |  |                 |
| Radiology Reading: Include all costs including transportation, interpretation, an  | nd report.                                   |                 |
| EYE, FOR DETECTION OF FOREIGN BODY   | 70030  | \$              |
| MANDIBLE; PARTIAL  | 70100  | \$              |
| MANDIBLE; COMPLETE, MINIMUM OF FOUR  | 70110  | \$              |
| MASTOIDS; PARTIAL  | 70120  | \$              |
| MASTOIDS; COMPLETE   | 70130  |                 |
| INTERNAL AUDITORY MEATI, COMPLETE  | 70134  | \$              |
| FACIAL BONES; LESS THAN THREE VIEW   |  | <u>\$</u><br>\$ |
| •  | 70140  | \$              |
| FACIAL BONES; COMPLETE, MINIMUM OF FOUR VIEWS  |  | \$<br>\$        |
| FACIAL BONES; COMPLETE, MINIMUM OF FOUR VIEWS NASAL BONES, COMPLETE, MINIMUM OF FOUR VIEWS   | 70140<br>70150<br>70160                      | \$              |

# ATTACHMENT A

# PRICING

| ORBITS, COMPLETE, MINIMUM OF FOUR         70200         \$           SINUSES, PARANASAL, LESS THAN THREE VIEWS         70210         \$           SINUSES, PARANASAL, LESS THAN THREE VIEWS         7020         \$           SELLA TURCICA         70240         \$           SELLA TURCICA         70240         \$           SKULL; LESS THAN FOUR VIEWS         70260         \$           SKULL; COMPLETE, MINIMUM OF FOUR VIEWS         70260         \$           TEMPOROMANDIBULAR JOINT, OPEN AND         70388         \$           TEMPOROMANDIBULAR JOINT, OPEN AND         70380         \$           NECK, SOFT TISSUE         70380         \$           CHEST, SINGLE VIEW, FRONTAL         71010         \$           CHEST, TWO VIEWS, FRONTAL AND LATE         71030         \$           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71100         \$           RIBS, UNILATERAL; TWO VIEWS         71101         \$           RIBS, UNILATERAL; THOU VIEWS         71110         \$           RIBS, BILATERAL; THREE VIEWS         71110         \$           STERNUC, STERNICAL, ATHEROPOSTERIOR         71110         \$           STERNIC, CALL, ATHEROPOSTERIOR         72040         \$           SPINE, CERVICAL, ATHEROPOSTERIOR A         72040   | OPTIC FORAMINA                          | 70190 | \$ |
|--|---|-------|----|
| SINUSES, PARANASAL, LESS THAN THREE VIEWS         70210         \$           SINUSES, PARANASAL, COMPLETE         70220         \$           SKULL; LESS THAN FOUR VIEWS, WITH         70260         \$           SKULL; LESS THAN FOUR VIEWS, WITH         70260         \$           SKULL; LESS THAN FOUR VIEWS         70260         \$           TEMPOROMANDIBULAR JOINT, OPEN AND         70328         \$           TEMPOROMANDIBULAR JOINT, OPEN AND         70360         \$           NEOK, SOFT TISSUE         70360         \$           CHEST, SINGLE VIEW, FRONTAL         71000         \$           CHEST, TWO VIEWS, FRONTAL AND LATE         71000         \$           CHEST, COMPLETE, MINIMUM OF THERE VIEWS         71030         \$           RIBS, UNILATERAL; TWO VIEWS         71100         \$           RIBS, UNILATERAL; THOU VIEWS         71101         \$           RIBS, BILATERAL; THOURD POSTERO         71110         \$           STERNOLLAWICULAR JOINT OR JOINTS,         7110         \$           STERNOLLAWICULAR JOINT OR JOINTS,         71130         \$           SPINE, SPINE, CERVICAL, MINIMUM OF FOUR VIEWS         72060         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72040         \$           SPINE, THORACIC, ANTEROPOS  |   |       |    |
| SINUSES, PARAMASAL, COMPLETE         70240         \$           SELLA TURCICA         70240         \$           SKULLI, LESS THAN FOUR VIEWS, WITH         70260         \$           SKULLI, COMPLETE, MINIMUM OF FOUR VIEWS         70260         \$           SKULLI, COMPLETE, MINIMUM OF FOUR VIEWS         70260         \$           SKULLI, COMPLETE, MINIMUM OF OPEN AND         70330         \$           TEMPOROMANDIBULAR JOINT, OPEN AND         70330         \$           NECK, SOFT TISSUE         70360         \$           CHEST, SINGLE WEW, FRONTAL         71010         \$           CHEST, TWO VIEWS, FRONTAL AND LATE         71020         \$           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71100         \$           RIBS, UNILATERAL; TWO VIEWS         71100         \$           RIBS, BILATERAL, THREE VIEWS         71110         \$           RIBS, BILATERAL, THREE VIEWS         71110         \$           STERNUM, MINIMUM OF TWO VIEWS         71120         \$           STERNUM, MINIMUM OF TWO VIEWS         71200         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         7   |   |       |    |
| SELLA TURCICA         70240         S           SKULLI, COMPLETE, MINIMUM OF FOUR VIEWS         70250         S           SKULLI, COMPLETE, MINIMUM OF FOUR VIEWS         70260         S           TEMPOROMANDIBULAR, JOINT, OPEN AND         70330         S           NECK, SOFT TISSUE         70360         S           CHEST, SINGLE WIEW, FRONTAL         71010         S           CHEST, TOW UREWS, FRONTAL AND LATE         71020         S           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71100         S           RIBS, UNILATERAL; TWO VIEWS         71101         S           RIBS, UNILATERAL; INCLUDING POSTER         71101         S           RIBS, BILATERAL; INCLUDING POSTER         71110         S           RIBS, BILATERAL; INCLUDING POSTER         71110         S           STERNOCLAVICULAR, JOINT OR JOINTS         71120         S           STERNOCLAVICULAR, JOINT OR JOINTS         71120         S           SPINE, SINGLE VIEW, SPECIFY LEVEL         72020         S           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         S           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72050         S           SPINE, THORACIC, ANTEROPOSTERIOR A         72072         S           SPINE, THORACIC, ANTEROPOST  |   | 70220 |    |
| SKULL; LESS THAN FOUR VIEWS, WITH         70250         \$           SKULL; COMPLETE, MINIMUM OF FOUR VIEWS         70260         \$           TEMPOROMANDIBULAR, JOINT, OPEN AND         70330         \$           NECK, SOFT TISSUE         70390         \$           CHEST, SINGLE VIEW, FRONTAL         7100         \$           CHEST, TWO VIEWS, FRONTAL AND LATE         71020         \$           CHEST, TWO VIEWS, FRONTAL AND LATE         71030         \$           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71100         \$           RIBS, UNILATERAL; TWO VIEWS         71100         \$           RIBS, BURLERAL; INCLUDING POSTER         71110         \$           RIBS, BILATERAL; INCLUDING POSTERO         71111         \$           STERNOLA, THATE VIEWS         71120         \$           STERNOLA, SPECIFY LEVEL         70200         \$           STERNOLA, SPECIFY LEVEL         70200         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; COMPLETE         72052         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE, THORACIC, ANTEROPOSTERIO         72074         \$           SPINE, LUMBOSACRAL; COMPLETE, INCLUDI         72074 </td <td></td> <td>70240</td> <td></td>   |   | 70240 |    |
| SKULL; COMPLETE, MINIMUM OF FOUR YIEWS         70268         \$           TEMPOROMANDIBULAR JOINT, OPEN AND         70328         \$           TEMPOROMANDIBULAR JOINT, OPEN AND         70360         \$           NECK, SOFT TISSUE         70360         \$           CHEST; SINGLE WIEW, FRONTAL         711010         \$           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71020         \$           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71100         \$           RIBS, UNILATERAL; TWO VIEWS         71101         \$           RIBS, BILATERAL; THOS LUDING POSTER         71110         \$           RIBS, BILATERAL; INCLUDING POSTERO         71110         \$           STERNOCLAVICULAR JOINT OR JOINTS,         71120         \$           STERNOCLAVICULAR JOINT OR JOINTS,         71130         \$           SPINE, SINCLE VIEW, SPECIFY LEVEL         72020         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72070         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, CAMPLETE, INCLUDI         72074         \$           SPINE; LU  | SKULL: LESS THAN FOUR VIEWS, WITH       | 70250 |    |
| TEMPOROMANDIBULAR JOINT, OPEN AND         70330         \$           NECK, SOFT TISSUE         70360         \$           CHEST: SINGLE VIEW, FRONTAL         17100         \$           CHEST, TWO VIEWS, FRONTAL AND LATE         171020         \$           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71100         \$           RIBS, UNILATERAL: INCLUDING POSTER         71101         \$           RIBS, BILATERAL; THREE VIEWS         71101         \$           RIBS, BILATERAL; INCLUDING POSTER         71111         \$           STERNAL, THREE VIEWS         71110         \$           STERNAL, THREE VIEWS         71120         \$           STERNAL, THREE VIEWS         71120         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; COMPLETE, INCLUDI         72072         \$           SPINE, THORACIC, ANTEROPOSTE   |   | 70260 |    |
| TEMPOROMANDIBULAR JOINT, OPEN AND         70330         \$           NECK, SOFT TISSUE         70360         \$           CHEST: SINGLE VIEW, FRONTAL         17100         \$           CHEST, TWO VIEWS, FRONTAL AND LATE         171020         \$           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71100         \$           RIBS, UNILATERAL: INCLUDING POSTER         71101         \$           RIBS, BILATERAL; THREE VIEWS         71101         \$           RIBS, BILATERAL; INCLUDING POSTER         71111         \$           STERNAL, THREE VIEWS         71110         \$           STERNAL, THREE VIEWS         71120         \$           STERNAL, THREE VIEWS         71120         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; COMPLETE, INCLUDI         72072         \$           SPINE, THORACIC, ANTEROPOSTE   | TEMPOROMANDIBULAR JOINT, OPEN AND       | 70328 | \$ |
| NECK, SOFT TISSUE         70300         \$           CHEST, SINGLE VIEW, FRONTAL         71010         \$           CHEST, TWO VIEWS, FRONTAL AND LATE         71020         \$           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71100         \$           RIBS, UNILATERAL; INCLUDING POSTER         71101         \$           RIBS, LINLATERAL; INCLUDING POSTER         71110         \$           RIBS, BILATERAL; INCLUDING POSTERO         711110         \$           STERNUM, MINIMUM OF TVO VIEWS         71120         \$           STERNOCLAVICULAR JOINT OR JOINTS,         71130         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72050         \$           SPINE, CERVICAL; COMPLETE         72062         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72070         \$           SPINE; LUMBOSACRAL; COMPLETE, INCLUDI         72100         \$           SPINE; LUMBOSACRAL; COMPLETE, INCL         72110         \$           SPINE; LUMBOSACRAL;  | TEMPOROMANDIBULAR JOINT, OPEN AND       | 70330 | \$ |
| CHEST, TWO VIEWS, FRONTAL AND LATE         71020         \$           CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71030         \$           RIBS, UNILATERAL; TWO VIEWS         71100         \$           RIBS, UNILATERAL; INCLUDING POSTER         711101         \$           RIBS, BLATERAL; INCLUDING POSTERO         71111         \$           STERNUM, MINIMUM OF TWO VIEWS         71120         \$           STERNOCLAVICULAR, JOINT OR JOINTS,         71130         \$           SPINE, SINGLE VIEW, SPECIFY LEVEL         72020         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72050         \$           SPINE, CERVICAL; COMPLETE         72052         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72074         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; ESAN THAN THREE         72100         \$           SHOLL  | NECK, SOFT TISSUE                       | 70360 |    |
| CHEST, COMPLETE, MINIMUM OF THREE VIEWS         71030         \$           RIBS, UNILATERAL; THOW CIEWS         71100         \$           RIBS, BILATERAL; THREE VIEWS         71110         \$           RIBS, BILATERAL; THREE VIEWS         71110         \$           STERNUM, MINIMUM OF TWO VIEWS         711120         \$           STERNOCLAVICULAR JOINT OR JOINTS,         71130         \$           SPINE, SINGLE VIEW, SPECIFY LEVEL         72020         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72052         \$           SPINE, CERVICAL; COMPLETE         72052         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72074         \$           SPINE; LUMBOSACRAL; ANTEROPOSTERIO         72074         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE; LUMBOSACRA  | CHEST; SINGLE VIEW, FRONTAL             | 71010 | \$ |
| RIBS, UNILATERAL; INCLUDING POSTER         71100         \$           RIBS, UNILATERAL; INCLUDING POSTER         71101         \$           RIBS, BILATERAL; INCLUDING POSTERO         71111         \$           RIBS, BILATERAL; INCLUDING POSTERO         71111         \$           STERNOCLAVICULAR JOINT OR JOINTS,         71120         \$           STERNOCLAVICULAR JOINT OR JOINTS,         71130         \$           SPINE, SINGLE VIEW, SPECIFY LEVEL         72020         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72052         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, CAMPLETE, INCLUDI         72074         \$           SPINE; THORACIC, CAMPLETE, INCLUDI         72074         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL, ERNDING VIEWS         72120         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$  | CHEST, TWO VIEWS, FRONTAL AND LATE      | 71020 | \$ |
| RIBS, UNILATERAL; INCLUDING POSTER         71101         \$           RIBS, BILATERAL; ITREE VIEWS         71110         \$           STERNUM, MINIMUM OF TWO VIEWS         71110         \$           STERNUM, MINIMUM OF TWO VIEWS         71120         \$           STERNUM, MINIMUM OF TWO VIEWS         71120         \$           SPINE, SINGLE VIEW, SPECIFY LEVEL         72000         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72052         \$           SPINE, CERVICAL; COMPLETE         72052         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACOLUMBAR, ANTEROPOSTERIO         72074         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL; SPINE COMPLETE, INCL         72110         \$           SPINE, LUMBOSACRAL; GNITH THREE         7210         \$           SACROLILAC, JOINTS; LESS THAN THREE         7210         \$           SACROLILAC,   | CHEST, COMPLETE, MINIMUM OF THREE VIEWS | 71030 | \$ |
| RIBS, BILATERAL; THREE VIEWS         71110         \$           RIBS, BILATERAL; INCLUDING POSTERO         71111         \$           STERNUM, MINIMUM OF TWO VIEWS         71120         \$           STERNUCLAVICULAR JOINT OR JOINTS,         71130         \$           SPINE, SINGLE VIEW, SPECIFY LEVEL         72020         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72050         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72052         \$           SPINE, CERVICAL; COMPLETE         72052         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE, THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE, THORACIC, ANTEROPOSTERIOR         72070         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72080         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL, ENDING VIEWS         7210         \$           SPILVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72200         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC, C  | RIBS, UNILATERAL; TWO VIEWS             | 71100 | \$ |
| RIBS, BILATERAL; INCLUDING POSTERO         71111         \$           STERNUM, MINIMUM OF TWO VIEWS         71120         \$           STERNOCLAVICULAR JOINT OR JOINTS,         71130         \$           SPINE, SIRGLE VIEW, SPECIFY LEVEL         72020         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72052         \$           SPINE, CERVICAL; COMPLETE         72052         \$           SPINE, THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72070         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72100         \$           SACROLILAC JOINTS; LESS THAN THREE         72200         \$           SCAPULLA  | RIBS, UNILATERAL; INCLUDING POSTER      | 71101 | \$ |
| STERNUM, MINIMUM OF TWO VIEWS         71120         S           STERNOCLAVICULAR JOINT OR JOINTS,         71130         S           SPINE, SINGLE VIEW, SPECIFY LEVEL         72020         S           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         S           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72050         S           SPINE, CERVICAL; COMPLETE         72052         S           SPINE, THORACIC, ANTEROPOSTERIOR A         72070         S           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         S           SPINE; THORACIC, COMPLETE, INCLUDI         72074         S           SPINE; THORACIC, COMPLETE, INCLUDI         72070         S           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72000         S           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         S           SPINE, LUMBOSACRAL, COMPLETE, WITH         72110         S           SPINE, LUMBOSACRAL, ENDING VIEWS         72120         S           SPINE, LUMBOSACRAL, ENDING VIEWS         72120         S           SPINE, LUMBOSACRAL, ENDING VIEWS         72120         S           SACROILLAC JOINTS; LESS THAN THREE         7200         S           SACROILLAC JOINTS; THREE OR MORE V         7220         S           SACROILLA  | RIBS, BILATERAL; THREE VIEWS            | 71110 | \$ |
| STERNOCLAVICULAR JOINT OR JOINTS,         71130         \$           SPINE, SINGLE VIEW, SPECIFY LEVEL         72020         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72052         \$           SPINE, CERVICAL; COMPLETE         72052         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72070         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL, COMPLETE, WICL         72114         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           SPINE, LUMBOSACRAL, COMPLETE, INCL         72170         \$           SPINE, LUMBOSACRAL, GOMPLETE, MINIMUM OF THREE         72200         \$           SACROILLAC JOINTS; EESS THAN THREE         72200         \$           SACROILLAC JOINTS; THREE OR MORE V         72202         \$ <tr< td=""><td>RIBS, BILATERAL; INCLUDING POSTERO</td><td>71111</td><td>\$</td></tr<> | RIBS, BILATERAL; INCLUDING POSTERO      | 71111 | \$ |
| SPINE, SINGLE VIEW, SPECIFY LEVEL         72020         \$           SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72050         \$           SPINE, CERVICAL; COMPLETE         72052         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72070         \$           SPINE, THORACOLUMBAR, ANTEROPOSTERIO         72080         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL, EOMOPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL, EOMOPLETE, WITH         72170         \$           SPINE, LUMBOSACRAL, EOMOPLETE, MINIMUM OF THREE         72100         \$           SPINE, LUMBOSACRAL, EOMOPLETE, MINIMUM OF THREE         72100         \$           SPINE, LUMBOSACRAL, EOMOPLETE, MINIMUM OF THREE         72100         \$           SACROILLAG, JOINTS, ELESS THAN THREE         72100         \$           SACROILLAG, JOINTS, THREE OR MORE V         72220   | STERNUM, MINIMUM OF TWO VIEWS           | 71120 | \$ |
| SPINE, CERVICAL; ANTEROPOSTERIOR A         72040         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72050         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72050         \$           SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72070         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE, THORACIC, COMPLETE, INCLUDI         72070         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL, ENDING VIEWS         72120         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72170         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72100         \$           SACROILLAC JOINTS, THERE OR DORLY         72170         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72100         \$           SACROILLAC JOINTS, THREE OR MORE V         72200         \$           SACROILLAC JOINTS, THREE OR MORE V         72200         \$      <  | STERNOCLAVICULAR JOINT OR JOINTS,       | 71130 | \$ |
| SPINE, CERVICAL; MINIMUM OF FOUR VIEWS         72050         \$           SPINE, CERVICAL; COMPLETE         72052         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACOLUMBAR, ANTEROPOSTER         72080         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; EDNDING VIEWS         72120         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72170         \$           SPINE, LUMBOSACRAL, 2000 VIEWS         72170         \$           SACROLIAC, JOINTS, IRLAIN THREE         73010         \$           SACROLIAC  | SPINE, SINGLE VIEW, SPECIFY LEVEL       | 72020 | \$ |
| SPINE, CERVICAL; COMPLETE         72052         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACOLUMBAR, ANTEROPOSTER         72080         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL; BENDING VIEWS         72120         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           SACROILLAC JOINTS; LESS THAN THREE         72190         \$           SACROILLAC JOINTS; THREE OR MORE V         72202         \$           SACROILLAC JOINTS; HIREE OR MORE V         72202         \$           SACROULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; ONE VIEWS         73060         \$ <td>SPINE, CERVICAL; ANTEROPOSTERIOR A</td> <td>72040</td> <td>\$</td>  | SPINE, CERVICAL; ANTEROPOSTERIOR A      | 72040 | \$ |
| SPINE; THORACIC, ANTEROPOSTERIOR A         72070         \$           SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACOLUMBAR, ANTEROPOSTER         72080         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72190         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SACROULA, COMPLETE         73000         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROMIOCLAVICULAR JOINTS, BILATERA         73060         \$           FUBBOW; ANTEROPOSTERIOR AND LATERAL  | SPINE, CERVICAL; MINIMUM OF FOUR VIEWS  | 72050 | \$ |
| SPINE; THORACIC, ANTEROPOSTERIOR A         72072         \$           SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACOLUMBAR, ANTEROPOSTER         72080         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72170         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72170         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72170         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           SACROLILAC JOINTS; LESS THAN THREE         72200         \$           SACROLILAC JOINTS; THREE OR MORE V         72202         \$           SACROLILAC JOINTS; THREE OR MORE V         72202         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; ONE VIEW         730   | SPINE, CERVICAL; COMPLETE               | 72052 | \$ |
| SPINE; THORACIC, COMPLETE, INCLUDI         72074         \$           SPINE; THORACOLUMBAR, ANTEROPOSTER         72080         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72114         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72170         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72200         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SACROULAC JOINTS; THREE OR MORE V         72202         \$           SACROULA, COMPLETE         73000         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; ONE VIEW         73030         \$           SHOULDER; ONE VIEWS         73060         \$           SHOULDER; ONE VIEWS         73060         \$ <tr< td=""><td>SPINE; THORACIC, ANTEROPOSTERIOR A</td><td>72070</td><td>\$</td></tr<>  | SPINE; THORACIC, ANTEROPOSTERIOR A      | 72070 | \$ |
| SPINE; THORACOLUMBAR, ANTEROPOSTERIO         72080         \$           SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72190         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73020         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROILLAC JOINTS, BILATERAL         73060         \$           HUMERUS, MINIMUM O  | SPINE; THORACIC, ANTEROPOSTERIOR A      | 72072 | \$ |
| SPINE, LUMBOSACRAL; ANTEROPOSTERIO         72100         \$           SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72190         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SACROIL AND COCCYX, MINIMUM OF TWO         72220         \$           CLAVICLE, COMPLETE         73000         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROMIOCLAVICULAR JOINTS, BILATERA         73060         \$           HUMERUS, MINIMUM OF TWO VIEWS         73060         \$           ELBOW; ANTEROPOSTERIOR AND LATERAL         73070         \$           ELBOW; COMPLETE, MINIMUM OF THREE         73080         \$           FOREARM, ANTEROPOSTERIOR AND LATERAL         <   | SPINE; THORACIC, COMPLETE, INCLUDI      | 72074 | \$ |
| SPINE, LUMBOSACRAL; COMPLETE, WITH         72110         \$           SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72190         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SACRUM AND COCCYX, MINIMUM OF TWO         72220         \$           CLAVICLE, COMPLETE         73000         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; ONE VIEW         73030         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROMIOCLAVICULAR JOINTS, BILATERA         73050         \$           HUMERUS, MINIMUM OF TWO VIEWS         73060         \$           ELBOW; ANTEROPOSTERIOR AND LATERAL         73070         \$           ELBOW; COMPLETE, MINIMUM OF THREE         73080         \$           FOREARM, ANTEROPOSTERIOR AND LATERAL         73100         \$           WRIST; ANTEROPOSTERIOR AND LATERAL         73100  | SPINE; THORACOLUMBAR, ANTEROPOSTER      | 72080 | \$ |
| SPINE, LUMBOSACRAL; COMPLETE, INCL         72114         \$           SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72190         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SACRUM AND COCCYX, MINIMUM OF TWO         72220         \$           CLAVICLE, COMPLETE         73000         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROMIOCLAVICULAR JOINTS, BILATERA         73050         \$           HUMERUS, MINIMUM OF TWO VIEWS         73060         \$           ELBOW; ANTEROPOSTERIOR AND LATERAL         73070         \$           ELBOW; COMPLETE, MINIMUM OF THREE         73080         \$           FOREARM, ANTEROPOSTERIOR AND LATERAL         73100         \$           WRIST; ANTEROPOSTERIOR AND LATERAL         73110         \$           WRIST; COMPLETE, MINIMUM OF THREE         73110         \$  | SPINE, LUMBOSACRAL; ANTEROPOSTERIO      | 72100 | \$ |
| SPINE, LUMBOSACRAL, BENDING VIEWS         72120         \$           PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72190         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SACRUM AND COCCYX, MINIMUM OF TWO         72220         \$           CLAVICLE, COMPLETE         73000         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROMIOCLAVICULAR JOINTS, BILATERA         73050         \$           HUMERUS, MINIMUM OF TWO VIEWS         73060         \$           ELBOW; ANTEROPOSTERIOR AND LATERAL         73070         \$           ELBOW; COMPLETE, MINIMUM OF THREE         73080         \$           FOREARM, ANTEROPOSTERIOR AND LATERAL         73090         \$           WRIST; ANTEROPOSTERIOR AND LATERAL         73100         \$           WRIST; COMPLETE, MINIMUM OF THREE         73110         \$  | SPINE, LUMBOSACRAL; COMPLETE, WITH      | 72110 | \$ |
| PELVIS; ANTEROPOSTERIOR ONLY         72170         \$           PELVIS; COMPLETE, MINIMUM OF THREE         72190         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SACRUM AND COCCYX, MINIMUM OF TWO         72220         \$           CLAVICLE, COMPLETE         73000         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROMIOCLAVICULAR JOINTS, BILATERA         73050         \$           HUMERUS, MINIMUM OF TWO VIEWS         73060         \$           ELBOW; ANTEROPOSTERIOR AND LATERAL         73070         \$           ELBOW; COMPLETE, MINIMUM OF THREE         73080         \$           FOREARM, ANTEROPOSTERIOR AND LATERAL         73100         \$           WRIST; ANTEROPOSTERIOR AND LATERAL         73100         \$           WRIST; COMPLETE, MINIMUM OF THREE         73110         \$   | SPINE, LUMBOSACRAL; COMPLETE, INCL      | 72114 | \$ |
| PELVIS; COMPLETE, MINIMUM OF THREE         72190         \$           SACROILIAC JOINTS; LESS THAN THREE         72200         \$           SACROILIAC JOINTS; THREE OR MORE V         72202         \$           SACRUM AND COCCYX, MINIMUM OF TWO         72220         \$           CLAVICLE, COMPLETE         73000         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROMIOCLAVICULAR JOINTS, BILATERA         73050         \$           HUMERUS, MINIMUM OF TWO VIEWS         73060         \$           ELBOW; ANTEROPOSTERIOR AND LATERAL         73070         \$           ELBOW; COMPLETE, MINIMUM OF THREE         73080         \$           FOREARM, ANTEROPOSTERIOR AND LATERAL         73100         \$           WRIST; ANTEROPOSTERIOR AND LATERAL         73100         \$           WRIST; COMPLETE, MINIMUM OF THREE         73110         \$   | SPINE, LUMBOSACRAL, BENDING VIEWS       | 72120 | \$ |
| SACROILIAC JOINTS; LESS THAN THREE       72200       \$         SACROILIAC JOINTS; THREE OR MORE V       72202       \$         SACRUM AND COCCYX, MINIMUM OF TWO       72220       \$         CLAVICLE, COMPLETE       73000       \$         SCAPULA, COMPLETE       73010       \$         SHOULDER; ONE VIEW       73020       \$         SHOULDER; COMPLETE, MINIMUM OF TWO       73030       \$         ACROMIOCLAVICULAR JOINTS, BILATERA       73050       \$         HUMERUS, MINIMUM OF TWO VIEWS       73060       \$         ELBOW; ANTEROPOSTERIOR AND LATERAL       73070       \$         ELBOW; COMPLETE, MINIMUM OF THREE       73080       \$         FOREARM, ANTEROPOSTERIOR AND LATERAL       73100       \$         WRIST; ANTEROPOSTERIOR AND LATERAL       73100       \$         WRIST; COMPLETE, MINIMUM OF THREE       73110       \$   | PELVIS; ANTEROPOSTERIOR ONLY            | 72170 | \$ |
| SACROILIAC JOINTS; THREE OR MORE V       72202       \$         SACRUM AND COCCYX, MINIMUM OF TWO       72220       \$         CLAVICLE, COMPLETE       73000       \$         SCAPULA, COMPLETE       73010       \$         SHOULDER; ONE VIEW       73020       \$         SHOULDER; COMPLETE, MINIMUM OF TWO       73030       \$         ACROMIOCLAVICULAR JOINTS, BILATERA       73050       \$         HUMERUS, MINIMUM OF TWO VIEWS       73060       \$         ELBOW; ANTEROPOSTERIOR AND LATERAL       73070       \$         ELBOW; COMPLETE, MINIMUM OF THREE       73080       \$         FOREARM, ANTEROPOSTERIOR AND LATERAL       73090       \$         WRIST; ANTEROPOSTERIOR AND LATERAL       73100       \$         WRIST; COMPLETE, MINIMUM OF THREE       73110       \$   | PELVIS; COMPLETE, MINIMUM OF THREE      | 72190 | \$ |
| SACRUM AND COCCYX, MINIMUM OF TWO         72220         \$           CLAVICLE, COMPLETE         73000         \$           SCAPULA, COMPLETE         73010         \$           SHOULDER; ONE VIEW         73020         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROMIOCLAVICULAR JOINTS, BILATERA         73050         \$           HUMERUS, MINIMUM OF TWO VIEWS         73060         \$           ELBOW; ANTEROPOSTERIOR AND LATERAL         73070         \$           ELBOW; COMPLETE, MINIMUM OF THREE         73080         \$           FOREARM, ANTEROPOSTERIOR AND LATERAL         73100         \$           WRIST; ANTEROPOSTERIOR AND LATERAL         73110         \$           WRIST; COMPLETE, MINIMUM OF THREE         73110         \$   | SACROILIAC JOINTS; LESS THAN THREE      | 72200 | \$ |
| CLAVICLE, COMPLETE       73000       \$         SCAPULA, COMPLETE       73010       \$         SHOULDER; ONE VIEW       73020       \$         SHOULDER; COMPLETE, MINIMUM OF TWO       73030       \$         ACROMIOCLAVICULAR JOINTS, BILATERA       73050       \$         HUMERUS, MINIMUM OF TWO VIEWS       73060       \$         ELBOW; ANTEROPOSTERIOR AND LATERAL       73070       \$         ELBOW; COMPLETE, MINIMUM OF THREE       73080       \$         FOREARM, ANTEROPOSTERIOR AND LATERAL       73090       \$         WRIST; ANTEROPOSTERIOR AND LATERAL       73100       \$         WRIST; COMPLETE, MINIMUM OF THREE       73110       \$  | SACROILIAC JOINTS; THREE OR MORE V      | 72202 | \$ |
| SCAPULA, COMPLETE       73010       \$         SHOULDER; ONE VIEW       73020       \$         SHOULDER; COMPLETE, MINIMUM OF TWO       73030       \$         ACROMIOCLAVICULAR JOINTS, BILATERA       73050       \$         HUMERUS, MINIMUM OF TWO VIEWS       73060       \$         ELBOW; ANTEROPOSTERIOR AND LATERAL       73070       \$         ELBOW; COMPLETE, MINIMUM OF THREE       73080       \$         FOREARM, ANTEROPOSTERIOR AND LATER       73090       \$         WRIST; ANTEROPOSTERIOR AND LATERAL       73100       \$         WRIST; COMPLETE, MINIMUM OF THREE       73110       \$  | SACRUM AND COCCYX, MINIMUM OF TWO       | 72220 | \$ |
| SHOULDER; ONE VIEW         73020         \$           SHOULDER; COMPLETE, MINIMUM OF TWO         73030         \$           ACROMIOCLAVICULAR JOINTS, BILATERA         73050         \$           HUMERUS, MINIMUM OF TWO VIEWS         73060         \$           ELBOW; ANTEROPOSTERIOR AND LATERAL         73070         \$           ELBOW; COMPLETE, MINIMUM OF THREE         73080         \$           FOREARM, ANTEROPOSTERIOR AND LATER         73090         \$           WRIST; ANTEROPOSTERIOR AND LATERAL         73100         \$           WRIST; COMPLETE, MINIMUM OF THREE         73110         \$   | CLAVICLE, COMPLETE                      | 73000 | \$ |
| SHOULDER; COMPLETE, MINIMUM OF TWO ACROMIOCLAVICULAR JOINTS, BILATERA HUMERUS, MINIMUM OF TWO VIEWS FLBOW; ANTEROPOSTERIOR AND LATERAL ELBOW; COMPLETE, MINIMUM OF THREE FOREARM, ANTEROPOSTERIOR AND LATERAL WRIST; ANTEROPOSTERIOR AND LATERAL WRIST; COMPLETE, MINIMUM OF THREE 73100 WRIST; COMPLETE, MINIMUM OF THREE 73110   | SCAPULA, COMPLETE                       | 73010 | \$ |
| ACROMIOCLAVICULAR JOINTS, BILATERA  HUMERUS, MINIMUM OF TWO VIEWS  ELBOW; ANTEROPOSTERIOR AND LATERAL  ELBOW; COMPLETE, MINIMUM OF THREE  FOREARM, ANTEROPOSTERIOR AND LATER  WRIST; ANTEROPOSTERIOR AND LATERAL  WRIST; COMPLETE, MINIMUM OF THREE  73090  WRIST; COMPLETE, MINIMUM OF THREE  73110  \$   | SHOULDER; ONE VIEW                      | 73020 | \$ |
| HUMERUS, MINIMUM OF TWO VIEWS  ELBOW; ANTEROPOSTERIOR AND LATERAL  ELBOW; COMPLETE, MINIMUM OF THREE  FOREARM, ANTEROPOSTERIOR AND LATER  WRIST; ANTEROPOSTERIOR AND LATERAL  WRIST; COMPLETE, MINIMUM OF THREE  73100  WRIST; COMPLETE, MINIMUM OF THREE  73110   | SHOULDER; COMPLETE, MINIMUM OF TWO      | 73030 | \$ |
| ELBOW; ANTEROPOSTERIOR AND LATERAL  ELBOW; COMPLETE, MINIMUM OF THREE  FOREARM, ANTEROPOSTERIOR AND LATER  WRIST; ANTEROPOSTERIOR AND LATERAL  WRIST; COMPLETE, MINIMUM OF THREE  73100  \$  WRIST; COMPLETE, MINIMUM OF THREE  73110  | ACROMIOCLAVICULAR JOINTS, BILATERA      | 73050 | \$ |
| ELBOW; COMPLETE, MINIMUM OF THREE 73080 \$  FOREARM, ANTEROPOSTERIOR AND LATER 73090 \$  WRIST; ANTEROPOSTERIOR AND LATERAL 73100 \$  WRIST; COMPLETE, MINIMUM OF THREE 73110 \$   | HUMERUS, MINIMUM OF TWO VIEWS           | 73060 | \$ |
| FOREARM, ANTEROPOSTERIOR AND LATER 73090 \$ WRIST; ANTEROPOSTERIOR AND LATERAL 73100 \$ WRIST; COMPLETE, MINIMUM OF THREE 73110 \$   | ELBOW; ANTEROPOSTERIOR AND LATERAL      | 73070 | \$ |
| WRIST; ANTEROPOSTERIOR AND LATERAL WRIST; COMPLETE, MINIMUM OF THREE 73100 \$ \$ \$ \$   | ELBOW; COMPLETE, MINIMUM OF THREE       | 73080 | \$ |
| WRIST; COMPLETE, MINIMUM OF THREE 73110 \$   | FOREARM, ANTEROPOSTERIOR AND LATER      | 73090 | \$ |
|  | WRIST; ANTEROPOSTERIOR AND LATERAL      | 73100 | \$ |
| HAND; TWO VIEWS 73120 <u>\$</u>  | WRIST; COMPLETE, MINIMUM OF THREE       | 73110 | \$ |
|  | HAND; TWO VIEWS                         | 73120 | \$ |

# ATTACHMENT A

# PRICING

| HAND; MINIMUM OF THREE VIEWS       | 73130 | \$ |
|------------------------------------|-------|----|
| FINGER OR FINGERS, MINIMUM OF TWO  | 73140 | \$ |
| HIP; UNILATERAL, ONE VIEW          | 73500 | \$ |
| HIP; COMPLETE, MINIMUM OF TWO VIEW | 73510 | \$ |
| HIPS, BILATERAL, MINIMUM OF TWO VI | 73520 | \$ |
| FEMUR, ANTEROPOSTERIOR AND LATERAL | 73550 | \$ |
| KNEE; ONE OR TWO VIEWS             | 73560 | \$ |
| KNEE; THREE VIEWS                  | 73562 | \$ |
| KNEE; COMPLETE, FOUR OR MORE VIEWS | 73564 | \$ |
| KNEE; BOTH KNEES, STANDING, ANTERO | 73565 | \$ |
| TIBIA AND FIBULA, ANTEROPOSTERIOR  | 73590 | \$ |
| ANKLE; ANTEROPOSTERIOR AND LATERAL | 73600 | \$ |
| ANKLE; COMPLETE, MINIMUM OF THREE  | 73610 | \$ |
| FOOT; ANTEROPOSTERIOR AND LATERAL  | 73620 | \$ |
| FOOT; COMPLETE, MINIMUM OF THREE V | 73630 | \$ |
| CALCANEUS, MINIMUM OF TWO VIEWS    | 73650 | \$ |
| TOE OR TOES, MINIMUM OF TWO VIEWS  | 73660 | \$ |
| ABDOMEN; SINGLE ANTEROPOSTERIOR VI | 74000 | \$ |
| ABDOMEN; ANTEROPOSTERIOR AND ADDIT | 74010 | \$ |
| ABDOMEN; COMPLETE, INCLUDING DECUB | 74020 | \$ |
| ABDOMEN; COMPLETE ACUTE ABDOMEN SE | 74022 | \$ |
| PHARYNX AND/OR CERVICAL ESOPHAGUS  | 74210 | \$ |
| ESOPHAGUS                          | 74220 | \$ |

# ATTACHMENT B

# **AGREEMENT**

The Proposers hereby certify that they have read, understand, and agree that acceptance by Maricopa County of the Proposer's offer by the issuance of a purchase order or contract will create a binding contract. Further, they agree to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement.

| MINORITY BUSINESS/SMALL BUSINESS (check app  | ropriate item):       |
|--|-----------------------|
| Disadvantaged Business Enterprise (DBE) Women Business Enterprise (WBE) Minority Business Enterprise (MBE) Small Business Enterprise (SBE) |                       |
| ====   |                       |
| FIRM SUBMITTING PROPOSAL   | FEDERAL TAX ID NUMBER |
| PRINTED NAME AND TITLE   | AUTHORIZED SIGNATURE  |
| ADDRESS  | TELEPHONE FAX #       |
| CITY STATE ZIP CODE  | DATE                  |
| MARICOPA COUNTY, ARIZONA   | E-MAIL ADDRESS:       |
| BY:<br>DIRECTOR, MATERIALS MANAGEMENT  | DATE                  |
| BY:CHAIRMAN, BOARD OF SUPERVISORS  | DATE                  |
| ATTESTED   |                       |
| CLERK OF THE BOARD   | DATE                  |
| APPROVED AS TO FORM  |                       |
|  |                       |

# ATTACHMENT C

# **PROPOSER REFERENCES**

| FIRM | SUBMITTING PROPOS | SAL: |   |
|------|-------------------|------|---|
|      |                   |      |   |
| 1.   | COMPANY NAME:     |      | - |
|      | ADDRESS:          |      | - |
|      | CONTACT PERSON:   |      | - |
|      | TELEPHONE:        | _(   | - |
| 2.   | COMPANY NAME:     |      | - |
|      | ADDRESS:          |      | - |
|      | CONTACT PERSON:   |      | - |
|      | TELEPHONE:        | _()  | - |
| 3.   | COMPANY NAME:     |      | - |
|      | ADDRESS:          |      | - |
|      | CONTACT PERSON:   |      | - |
|      | TELEPHONE:        |      | - |
| 4.   | COMPANY NAME:     |      | - |
|      | ADDRESS:          |      | - |
|      | CONTACT PERSON:   |      | - |
|      | TELEPHONE:        | _()  | - |
| 5.   | COMPANY NAME:     |      | - |
|      | ADDRESS:          |      | - |
|      | CONTACT PERSON:   |      | - |
|      | TELEPHONE:        | _()  | _ |

# ATTACHMENT D

# VENDOR INFORMATION

| L. CONCOLLECTION IONI TO HO  | SURE THAT OUR VENDOR R  | REGISTRATION SYSTEM IS CORRECT,  | PLEASE FURNISH THE FOLI   | OWING INFORMATION   |
|--|---|--|---|---|
| LEGAL NAME OF ORGANIZATION/INI   | DIVIDUAL:   |  |   |   |
| DOING BUSINESS AS (IF APPLICABLE   | i):   |  |   |   |
| CORPORATE ADDRESS:   |   | CITY:  | STATE:  | ZIP:  |
| TELEPHONE:   | FAX:  | EMAIL:   |   |   |
| WEB SITE ADDRESS:  |   |  |   |   |
| NAME OF CONTACT PERSON:  |   |  |   |   |
| ADDITIONAL ADDRESS FOR:  | P.O.  | ACCTS RECEIVABLE   | SOLICITATIONS   |   |
|  |   | CITY:  | STATE:  | ZIP:  |
| TELEPHONE:   | FAX:  | EMAIL:   |   |   |
| WEB SITE ADDRESS:  |   |  |   |   |
| NAME OF CONTACT PERSON:  |   |  |   |   |
| ADDITIONAL ADDRESS FOR:  | P.O.  | ACCTS RECEIVABLE   | SOLICITATIONS   |   |
|  |   | CTTY:  | STATE:  | ZIP:  |
| TELEPHONE:   | FAX:  | EMAIL:   |   |   |
| WEB SITE ADDRESS:  |   |  |   |   |
| NAME OF CONTACT PERSON:  |   |  |   |   |
| ADDITIONAL ADDRESS FOR:  | P.O.  | ACCTS RECEIVABLE   | SOLICITATIONS   |   |
|  |   | CTTY:  | STATE:  | ZIP:  |
| TELEPHONE:   | FAX:  | EMAIL:   |   |   |
| WEB SITE ADDRESS:  |   |  |   |   |
| NAME OF CONTACT PERSON:  |   |  |   |   |
| FEDERAL TAX ID NUMBER:   | M   | ARICOPA COUNTY VENDOR NUMBEI   | ₹:  |   |
| NOTE: NO PREFERENCE IN AWARDIN<br>MANAGEMENT, HOWEVER, YOU MUS   | ST REGISTER AS A VENDOR   | IF AWARDED A CONTRACT IN ORDER   |   |   |
|  | NT AT (602) 506-8/18 FOR VEI  | NDOK KEGISTKATION PACKET.  |   |   |
| I HEREBY CERTIFY THAT:  1. I AM AN OFFICER OF THIS ORGA 2. TO THE BEST OF MY KNOWLED 3. MY ORGANIZATION SHALL CON REQUIREMENTS AND CONDITION NUMBER 75-5 DATED APRIL 28, 14 4. MY ORGANIZATION SHALL CON | ANIZATION OR AM DULY A<br>GE, THE ELEMENTS OF THI<br>MPLY WITH ALL STATE ST<br>DNNS OF EMPLOYMENT IN<br>1975.<br>MPLY WITH ALL TERMS AND PROCEDURES SET FORTH | AUTHORIZED TO CERTIFY THE INFORE INFORMATION PROVIDED HERIN A ATUTES AND FEDERAL EQUAL OPPORT ACCORDANCE WITH A.R.S. TITLE 41, ND CONDITIONS OF SOLICITATIONS AS IN THE MARICOPA COUNTY PROCUR | RE ACCURATE AND TRUE A:<br>DRTUNITY AND NON-DISCRI<br>CHAPTER 9, ARTICLE 4 AND<br>AND CONTRACTUAL DOCUM | S OF THIS DATE. MINATION EXECUTIVE ORDER MENTS, REGULATIONS |

DATE

SIGNATURE

# EXHIBIT 1

# LETTER OF TRANSMITTAL

(to be typed on the letterhead of vendor)

Maricopa County Department of Materials Management 320 West Lincoln, Phoenix, Arizona 85003

| Re:              | 00138-RFP   |
|------------------|---|
| Gentle           | men:  |
| Propos           | dersigned, (herein referred to as the "Vendor"), hereby submits its response to your Request for al dated, and agrees to supply and furnish to you, all in accordance with the terms and specifications and ons that are detailed in said Request for Proposal as set forth in the attachment hereto.   |
| contra<br>herein | r hereby acknowledges and recognizes that if this proposal is accepted by Maricopa County, such acceptance will form a ct, and that vendor shall thereupon be contractually obligated to carry out its responsibilities respecting the services above described. Further, vendor recognizes that failure to furnish such goods and services will result in liability to ppa County as specified in the aforementioned Request for Proposal. |
| Kindly           | advise this in writing on or before if you should desire to accept this proposal.  (Date listed in above sentence should be 120 days from RFP due date.)  |
| Very t           | ruly yours,   |
|                  |   |